

# NATIONAL FCCLA STAR EVENTS - EVALUATOR/ROOM CONSULTANTS APPLICATION

Please Check One:

- ☐ Evaluator  
☐ Room Consultant  
☐ Either

Please type or print all information.

## Evaluator/Room Consultant Information:

Evaluator/Room  
Consultant Name \_\_\_\_\_  
First Middle Last

## Home Address

Street Name \_\_\_\_\_ Apartment # or P.O. Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Additional Information/Comments

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## School Information:

School Name \_\_\_\_\_

Street Name \_\_\_\_\_ Apartment # or P.O. Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone (\_\_\_\_) \_\_\_\_\_

Please rank from 1-10 the event in which you have the most experience in or most interest in:

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| _____ Applied Technology              | _____ Entrepreneurship             |
| _____ Career Investigation            | _____ Focus on Children            |
| _____ Chapter Service Project Display | _____ Hospitality                  |
| _____ Chapter Service Project Manual  | _____ Illustrated Talk             |
| _____ Chapter Showcase Display        | _____ Interpersonal Communications |
| _____ Chapter Showcase Manual         | _____ Job Interview                |
| _____ Culinary Arts                   | _____ National Programs In Action  |
| _____ Early Childhood                 | _____ Parliamentary Procedure      |

Return by April 20, 2005 to:  
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